



IFa

PTO/SB/21 (09-04)

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10798,717		
	Filing Date	March 10, 2004	
	First Named Inventor	MATLOCK, GEORGE L.	
	Art Unit	3736	
	Examiner Name		
Total Number of Pages in This Submission	4+2 refs.	Attorney Docket Number	017761-002620US

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Postcard
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

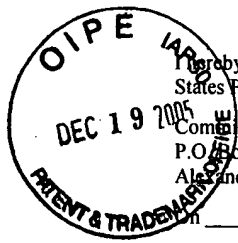
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Nena Bains		
Date	12/12/05	Reg. No.	47,400

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Julie Taylor Clough	Date	Dec - 13, 2005



I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

DEC - 13, 2005

**PATENT**  
Attorney Docket No.: 017761-002620US

TOWNSEND and TOWNSEND and CREW LLP

By:

*Julie Taylor Clough*

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

PRESTHUS, James B. et al.

Application No.: 10/798,717

Filed: March 10, 2004

For: INCONTINENCE TREATMENT  
WITH URETHRAL GUIDE

Examiner:

Art Unit: 3736

SUPPLEMENTAL INFORMATION  
DISCLOSURE STATEMENT UNDER 37  
CFR §1.97 and §1.98

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A&B are being called to the attention of the Examiner. Copies of the references [excluding cited U.S. Patents, U.S. Patent Application publications, and appropriate IFW-stored, pending U.S. Patent Applications and portions thereof, per 1287 OG 163] are enclosed.


As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement.

However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

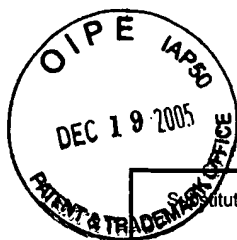
Respectfully submitted,

Dated: 12/12/05



Nena Bains  
Reg. No. 47,400

TOWNSEND and TOWNSEND and CREW LLP  
Two Embarcadero Center, Eighth Floor  
San Francisco, California 94111-3834  
Tel: 415-576-0200  
Fax: 415-576-0300  
NB:jtc  
60655932 v1



<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (use as many sheets as necessary)			<b>Complete if Known</b>		
			Application Number	10/798,717	
			Filing Date	March 10, 2004	
			First Named Inventor	MATLOCK, GEORGE L.	
			Art Unit	3736	
			Examiner Name		
Sheet	1	of	1	Attorney Docket Number	017761-002620US

U.S. PATENT DOCUMENTS+					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code <sup>2</sup> (if known)			
	0001	US Provisional Patent App. No. 60/022,790	Filed 07-30-1996	Baker	
	0002	US Provisional Patent App. No. 60/024,974	Filed 08-30-1996	Baker	
	0003	US-5,957,920	09-28-1999	Baker	
	0004	US-6,197,022 B1	03-06-2001	Baker	
	0005	US-			
	0006	US-			
	0007	US-			

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup>	Number <sup>4</sup>	Kind Code <sup>5</sup> (if known)				
	0008							<input type="checkbox"/>
	0009							<input type="checkbox"/>
	0010							<input type="checkbox"/>
	0011							<input type="checkbox"/>

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
	0012		
	0013		
	0014		
	0015		
	0016		

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

<sup>1</sup> EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>2</sup> Applicant's unique citation designation number (optional). <sup>3</sup> Applicant is to place a check mark here if English language Translation is attached.